## RECEIVED CENTRAL FAX CENTER

## MAR 2 5 2008

| CHANGE OF<br>CORRESPONDENCE ADDRESS   |             | Patent Number           |     | 7,162,302         |
|---|-------------|-------------------------|-----|-------------------|
|   |             | Issue Date              |     | January 9, 2007   |
| Patent  | <del></del> | Application Number      |     | 10/786,198        |
|   |             | Confirmation Number     |     | 3688              |
| Address to: Mail Stop Post Issue Commissioner for Patents   |             | Filing Date             |     | February 25, 2004 |
|   |             | First Named Inventor    |     | Xingwu Wang       |
| P.O. Box 1450   |             | Attorney Docket         |     | 1008 059 920 0251 |
| Alexandria, VA 22313-1450 Allottiey Bocket 1000 033 920 0231  |             |                         |     |                   |
| Please change the Correspondence Address for the above-identified patent to:  |             |                         |     |                   |
| The address associate with Customer Number: 37211   |             |                         |     |                   |
| OR  |             |                         |     |                   |
| Firm or Individual Name   |             |                         |     |                   |
| City State  |             |                         | Zip |                   |
| Country   |             |                         |     |                   |
| Telephone Email   |             |                         |     |                   |
| This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).  This form will not affect any "fee address" provided for the above-identified patent. To change a "fee address" use the "Fee Address Indication Form" (PTO/SB/47). |             |                         |     |                   |
| I am the:  Patentee.  |             |                         |     |                   |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |             |                         |     |                   |
|   |             |                         |     |                   |
| Signature Signature   |             |                         |     |                   |
| Typed or Printed Name: Michael J. Nickerson .   |             |                         |     |                   |
| Date: MARCH 25, 2008  |             | Telephone: 585-899-3970 |     |                   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |             |                         |     |                   |